

Revised 06/08

IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD

510 EAST 12TH, SUITE 1A
 DES MOINES, IA 50319
 Fax: (515)281-4073
 www.iowa.gov/ethics

Reset Form

FORM-GB

Gift or Bequest information received
 by a department or accepted by the
 Governor on behalf of the state

For office use only

Indexed _____
 Audited _____
 Checked _____
 Computer _____

Iowa Code section 8.7 requires all gifts and bequests given to any department of the state of Iowa or received by the Governor on behalf of the state be reported to the Iowa Ethics and Campaign Disclosure Board and the Government Oversight Committee. The Board will provide a copy of this report to the Government Oversight Committee. This form is to be filed within 20 days of receipt of the gift or bequest.

DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI	
Name of Department or Office 1800 N 16th Street	Clarinda, IA 51632
Mailing Address 712-542-3141	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Family of D. Nichols	
Name	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/10	\$250.00
Date of Gift or Bequest	Amount/Value
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof.

Personal belongings donated to patients.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Sue Rehwaldt Hays affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/13/11

Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI

Name of Department or Office
 1800 N 16th Street

Clarinda, IA 51632

Mailing Address
 712-142-2161

City, State, Zip Code

Area Code & Telephone No.

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rohwaldt Hays

Name

Mailing Address (if different from above)

City, State, Zip (if different from above)

Sue.RohwaldtHays@iowa.gov

Email Address

Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Teresa Grimms

Name

Clarinda, IA 51632

Mailing Address

City, State, Zip Code

Area Code & Telephone Number

Email Address (optional)

12/10

\$20.00

Date of Gift or Bequest

Amount/Value

*value is defined as "fair market value" of item as determined by
 receiving department or office. If no value mark "0.00".

Provide a description of the gift or bequest and purpose thereof:

Fleece throws for patients use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Sue Rohwaldt Hays affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/13/11

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI	
Name of Department or Office 1800 N 16th Street	Clarinda, IA 51632
Mailing Address 712-542-2161	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rohwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RohwaldtHays@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Joanna Baker	
Name	
Mailing Address	Clarinda, IA 51632
City, State, Zip Code	
Area Code & Telephone Number	
Email Address (optional)	

12/10	\$10.00
Date of Gift or Bequest	Amount/Value
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Clothing for patients use.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Sue Rohwaldt Hays affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

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Clarinda MHI	
Name of Department or Office 1800 N 16th Street	Clarinda, IA 51632
Mailing Address 712-542-2161	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Area Lutheran Churches	
Name	
	Iowa
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/10	\$1,200.00
Date of Gift or Bequest	Amount/Value
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

Christmas gifts for patients of the MHI.

Criteria to use this form:

Receipt of any gift or bequest that is received by any department of the state or received by the Governor on behalf of the state.

Statement of Affirmation:

I, Sue Rehwaldt Hays affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

Signature

1/13/11

Date

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI	
Name of Department or Office 1800 N 16th Street	Clarinda, IA 51632
Mailing Address 712-342-2161	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Presbyterian Outreach Program	
Name	
Iowa	City, State, Zip Code
Mailing Address	
Area Code & Telephone Number	
Email Address (optional)	

12/10	\$ 120.00
Date of Gift or Bequest	Amount/Value*
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Provide a description of the gift or bequest and purpose thereof:

Christmas gifts for patients of the MHI.

Criteria to use this form:

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Statement of Affirmation:

I, Sue Rehwaldt Hays affirm that the gift or bequest reported above is accurate. I further affirm that the information concerning the donor and assessment of the fair market value (if applicable) is correct and true to the best of my knowledge.

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DEPARTMENT OR OFFICE RECEIVING THE GIFT OR BEQUEST:

Clarinda MHI	
Name of Department or Office 1800 N 16th Street	Clarinda, IA 51632
Mailing Address 712-942-2161	City, State, Zip Code
Area Code & Telephone No.	

CONTACT PERSON FOR RECIPIENT DEPARTMENT OR OFFICE:

Sue Rehwaldt Hays	
Name	
Mailing Address (if different from above) Sue.RehwaldtHays@iowa.gov	City, State, Zip (if different from above)
Email Address	Area Code & Telephone Number (if different from above)

DONOR OF GIFT OR BEQUEST:

Employees of the Clarinda MHI	
Name	
Iowa	
Mailing Address	City, State, Zip Code
Area Code & Telephone Number	
Email Address (optional)	

12/10	\$750.00
Date of Gift or Bequest	Amount/Value*
*value is defined as "fair market value" of item as determined by receiving department or office. If no value mark "0.00".	

Provide a description of the gift or bequest and purpose thereof:

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Criteria to use this form:

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Statement of Affirmation:

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Signature

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Date